



Interlock Review # _____

Interlock Review Status

Division/Section _____

Brief description of the interlock change _____

Reference memo(s) from: _____ Dated _____

_____ Dated _____

Drawing No(s): _____

Preliminary Approval

Final Approval

Not Approved

Additional Comments _____

Signature of Laboratory Interlock Coordinator _____ Date _____

Signature of Radiation Physics Liaison _____ Date _____

Signature of Senior Radiation Safety Officer _____ Date _____

cc: RSO Division/Section Interlock Coordinator Area Interlock Modification File